AMERICAN INTELLIGENCE.

ORIGINAL COMMUNICATIONS.

Wills' Hospital—Service of Dr. Isaac Hays—*Cases discharged from Oct. 1st*, 1850, *to Jan. 1st*, 1851.

	Cured.	Relieved.	Incurable.
Acute conjunctivitis,	1	0	0
Chronic conjunctivitis,	3	4	0
Granular conjunctivitis,	5	4	0
Corneitis,	2	0	0
Iritis,	1	0	0
Scrofulous ophthalmia,	3	0	0
Phlyctenular ophthalmia,	2	0	0
Ulcer of the cornea,	3	0	0
Wound of the cornea,	2	0	0
Opacity of the cornea,	1	0	0
Vascularity of the cornea,	1	0	0
Cataract,	2	0	0
Amaurosis,	0	1	1
Staphyloma corneæ,	1	0	0
Irritable retina,	0	1	0
Injury of the eye,	1	1	0
Coxalgia,	2	0	0
	30	11	1

Wills' Hospital Dispensary—cases treated:—

Acute conjunctivitis,	9	Purulent conjunctivitis,	5
Chronic conjunctivitis,	12	Scrofulous ophthalmia,	14
Catarrhal conjunctivitis,	4	Pustular ophthalmia,	5
Granular conjunctivitis,	5	Ophthalmia tarsi,	13
Rheumatic ophthalmia,	2	Amaurosis (partial),	4
Iritis,	1	Inflammation of lach. sac,	1
Ulcer of the cornea,	3	Tumour of the lid,	3
Opacity of the cornea,	3	Injury of the eye,	3
Particles of steel in the cornea,	5	Wound of the cornea,	2
Total,			94

Staphyloma Corneæ.—Henry J., æt. seventeen, a native of Va., having good general health, was admitted, October 23d, for the relief of a deformity caused by a staphyloma corneæ. When nine years of age, he received an injury of the left eye with a pair of scissors, the blades of which were thrust through the cornea. Since the accident occurred, he has had no vision in the injured eye. Soon after the time of the injury, the cornea began gradually to become prominent, and the protrusion continued to increase, until ten months previous to the date of his admission; when three knob-like prominences made their appearance near the margin of the cornea, and the whole globe began to enlarge. When admitted, the cornea was quite opaque and very prominent, and the three knob-like elevations were about the size of large peas. The whole globe was enlarged to such an extent as to prevent the complete closure of the lids without great difficulty. From the time of receiving the injury he has suffered little or no pain in the diseased eye, and the sympathetic irritation of the sound eye had been but slight. Oct. 30th, Dr. Hays, in the presence of his colleagues and Dr. Wm. Ashmead, removed the whole of the cornea, making first an incision of the lower half with a Beer's cornea knife, and completing the entire section with curved scissors. The contents of the globe immediately escaped, and a very profuse hemorrhage followed, which continued for over two hours, and then ceased upon the formation of a large coagulum between the lids and the incised margins of the cornea. This coagulum was suffered to remain until it came away spontaneously, on the sixth day after the operation. On the second and on the fourth days there was a recurrence of considerable hemorrhage—the whole amount of blood lost was about ℥xvj. Soon after the operation, the eye became greatly distended and extremely painful. For five days the patient's sufferings were intense, and several times he exhibited some premonitory symptoms of tetanus. When, on the fifth day, suppuration was fully established, the pain became less, and gradually subsided with the subsidence of the distension of the globe. On the tenth day the patient was permitted to sit up, having then but little pain. On the fourteenth, he could close the lids over the eye, and on the twenty-ninth he left the hospital, the globe having been diminished to four-fifths its natural size and entirely free from inflammation. Since leaving the hospital, he has had two slight attacks of irritation in the right eye.

Cod-Liver Oil.—This remedy was employed in the constitutional treatment of all the various forms of scrofulous ophthalmia, and the results were such as fully to sustain the great confidence which Dr. Hays has in its efficacy, a confidence which, he remarked, had been gained from the use of the cod-liver oil in a large number of cases in both public and private practice for the last three years. The oil was also found of especial value in all cases which, under ordinary treatment, have a tendency to frequent relapses; in these cases, its use alone was found sufficient to effect a cure, unaided by local applications. This was most evidently manifested in the case of a sailor, æt. 25, who came into the hospital in March last, and for the last three years has been the subject of a most intractable conjunctivitis. Up to the 1st of November last, the usual modes of treatment were diligently employed without any amendment; indeed, he was much worse in October than he had been at any time since he came into the hospital. From the time of his admission up to the 1st of November, he had several very severe relapses, in the last of which he had an ulceration of the cornea, which perforated and allowed the escape of the aqueous humour. It was while suffering the most in this relapse that he was ordered the cod-liver oil, with an entire discontinuance of all other remedial means. At that time the vascularity of the cornea was such as entirely to obscure vision—lachrymation was profuse, and photophobia intense; his improvement from that time to this (January 24, 1851) has been rapid and permanent. He can now see to read; he can also bear the light of noonday without lachrymation or inconvenience of any kind, and the great vascularity of the cornea has almost entirely subsided. Many other instances, illustrative of the statements above made, might be cited from the present service of Dr. Hays, did the space designed to be occupied by this report permit.

A. F. MACINTYRE, M. D., *Resident Physician.*

WILLS HOSPITAL, *Jan.* 1851.

On the Importance of establishing a Lectureship on Dental Surgery in Medical Colleges. By E. B. Gardette.

The writer, a practicing dentist of Philadelphia, begs leave respectfully to call the attention of the trustees and medical faculties of the medical schools of the United States to the propriety and advantages of establishing an adjunct professorship to the chair of surgery, in which the specialty of dental surgery may be taught to the medical student seeking knowledge in your institutions.

In making this suggestion, he indulges the confident belief that the existence of such a chair would be no less useful to those who may be compelled to practice some branch of dental surgery, as part of their duties in general surgery, than to the smaller number who may determine to embrace that specialty as their profession.

The writer would offer for your consideration some reflections that seem to render this proposal consistent, not only with the wants of the student of medicine and the public, but with the duty and the interests of the medical schools which may act upon this request in such form as seems most proper to their own judgment.

It will scarcely be assumed by any trustee, and still less by any member of a medical faculty, that the profession of the dentist or its duties, are less important to mankind than any other of the specialties of surgery—whether the oculist, the aurist, or the lithotomist; and therefore it is needless to consider such a question open for debate, or requiring argument in a country, especially, where the services of good dentists have been so widely and universally needed. It being granted, then, that the science itself is of equal importance with the other departments of surgery, it is an undeniable truth that, whilst all other specialties are taught and included in the professorships of medical schools generally, the principles and practice of dental surgery have received no attention, or certainly none that would permit the graduate of medicine to feel that he was qualified for the simplest duty of the dentist.

Such a state of things was perhaps an unavoidable evil when men could not be found who were competent to teach the principles of our science, and when there was need of a comparatively small number of dentists; and hence no such aid was then called for from the medical colleges: but at this time there would seem to be required about twenty-five hundred dentists, more or less, throughout the United States, which is sufficiently proved by the fact that about that number are believed to be engaged in the practice of the profession, after some fashion or other—good, bad, and indifferent; and to supply an increasing demand for well-educated dental surgeons, as well as to raise the standard of that profession, would appear to be a matter of common interest.

Within a few years, two or three colleges of dental surgery have been established in this country under the sanction of charters from the States in which they are located; and without examining into their history or their influence upon the profession of the dentist, it is a source of regret that they must be regarded as the offspring of your neglect, and their very existence a reproach upon medical institutions for their unjust and exclusive course towards the science of dental surgery. It would seem an act of inexplicable unkindness to have thus singled out the profession of dentist from among the specialties of surgery, and forced it into an attitude of independent self-protection; but a gentleman who fulfils the duties of both medical practitioner and dentist with such distinguished abilities as to be an honour to both professions, has traced truthfully the origin of the neglect of which the dentist complains. The undersigned quotes from a valedictory address to the graduating class of Baltimore College of Dental Surgery, March 1850, when speaking of the early periods of the existence of a medical faculty:—

"They condemned, without stint, a calling they knew not how to practice, and a practice they knew not how to improve. Such of the faculty as were learned in their profession were found always competent and fully prepared to be oculists, aurists, or lithotomists, or to devote themselves to any other branch of the profession which their interest, inclination, or talents might determine, *except* that of dental surgery. This branch seemed to require something more than medical knowledge; it required great mechanical skill—an education of the hand as well as of the head—a kind of education they had not received and knew not where to acquire, and yet affected to despise. The necessities of the community cried aloud to them for help—a help which they could not bestow. This drove many sufferers to seek dental aid out of the medical profession, and to obtain that help which mechanical genius alone could supply. At this the profession seemed mortified and chagrined, and loudly mocked at those who dared to supply their delinquencies, and united as one man in deriding the uneducated dental mechanic. They first created the necessity for an empiric, and then croaked forth their withering contempt on the creature their own ignorance had made."

Thus has dental surgery been left to struggle through endless impediments and difficulties, instead of being regarded as a link, however humble, in the great chain of medical science, which should with patriarchal strength and harmony foster and embrace every branch of the healing art.

It is now believed that, among the number of medical students who attend each of the schools, there are many who would gladly devote themselves to the specialty of dental surgery, and it is from among these, and at the early age at which they generally devote themselves to medical studies, that good dentists could be formed; they should still be required to earn and receive a diploma with the title of M.D., as a guarantee of fitness to practice and a claim to confidence as dentists. Even among the number that annually graduate, either to practice medicine generally, or limiting their attendance to their own families and dependents at the South, a correct knowledge of the theory and practice of dental surgery, such as might be derived from a course of lectures, would be highly valuable. And it is believed there would not only be a direct increase of good dentists, but a desirable addition to the number of those who should be competent to determine what constitutes a good dentist.

The establishment of separate schools for each specialty in medical science (and why should there not be for the oculist, or the aurist, as well as the dentist?) would appear to be the dismembering of a great family, thereby lessening its influence for good, as well as that power which is justly derived from an *esprit de corps* subsisting in every branch of an elevated and honourable profession.* In this expression of opinion as to the ultimate tendency of dental colleges, the undersigned is actuated by no unkind or invidious feelings, but, on the contrary, he gives them due credit for the efforts they have made and are making to improve the profession; and to the Baltimore College of Dental Surgery he is personally grateful for acts of courtesy and kindness towards himself, and to the memory of his father.

The educated dentists in the various parts of the United States are abundantly numerous, it is believed, to fulfil such duties as might be assigned them in each of our medical colleges. The students who now attend the dental schools would in this event be added to the number of matriculants in the medical classes of the country, and the need of separate institutions would cease.

Frequent occasion for consultations between the physician, the surgeon, and the dentist, has been felt by almost every practitioner of medicine, as a necessary consequence of the connection and sympathy reciprocally existing between the teeth and many serious disturbances of the general health: such sympathies would naturally seem to suggest the mutual dependence between the physician, the surgeon, and the dentist, and should be a good reason for some similarity and sympathy in their modes of education. The benefits from such a state of things as the mind can readily anticipate would not rest here; medical men would sometimes, no doubt, receive important aid from the dentist, in tracing to their true origin many diseases of the head and face that now baffle their skill.

Whatever action your medical faculty or board of trustees may see fit to take in reference to these suggestions, and the object they are designed to promote, the undersigned may at least respectfully urge that they would seem to demand fair and kindly consideration, as involving matters of deep concern to the community, for whose safety and advantage all medical learning is sought, and medical colleges instituted and fostered.

DOMESTIC SUMMARY.

Femoral Aneurism cured by Compression.—Dr. W. H. Church records, in the *New York Journ. of Med.* for March last, a case of aneurism of the right femoral artery successfully treated by Dr. John Watson by compression.

The patient was a man thirty years of age, who was admitted into the New York Hospital with a pulsatory tumour which he first noticed three years previously, and which has been steadily increasing since. When admitted into the hospital, his condition was as follows:—

"The tumour is tense, but elastic to the touch, in fact presenting all the characteristic signs of femoral aneurism, but unusually well marked. It is situated on the anterior and inner part of the ham, its upper edge being three inches below Poupart's ligament, probably just below the giving off of the profunda branch of the femoral artery; it is slightly oblong, extending down the course of the artery six inches, that being its greatest length.

"*Jan. 19th.* The leg being bandaged from the toes up to the knee, pressure was commenced at a quarter past one, P. M., with Dr. Hosack's instrument, by which the counter-pressure is made over the trochanter and the outer condyle of the os femoris. When the instrument was first adjusted, and pressure made over Poupart's ligament sufficient to stop the pulsation in the tumour, patient most confidently said he could bear it for four weeks. At two P. M., pulsation was felt in the tumour, and he complained of some pain. Another pad was applied two inches below, and the pressure of the other slackened, though retained in the same position. Four o'clock, full pulsation, and patient suffering severe pain; pad changed, and tinct. opii gtt. xl administered. During the afternoon patient suffered very severe pain, the pressure requiring to be changed very frequently. At six P. M., tinct. opii gtt. xxx was ordered. At eight o'clock he complained of excessive pain passing down the thigh to the knee-joint; tincture of aconite was painted over it and about the pads, which he said gave him relief. It was found impossible to control the circulation sufficiently by the lower pad of this instrument, and therefore Signorini's artery compressor was substituted, one pad being placed upon the plate of the former instrument and the other over the artery. Sol. sulph. morphiæ (Magendie's) gtt. xx.

"At 9 o'clock the pain was so severe that sulphuric ether was administered, which relieved the pain for an hour; and he appeared to be more under the influence of the opiates after the anæsthetic influence had passed away. The senior assistant remained with him during the night, and at one A. M. of the 20th felt pulsation in the tumour for the last time, when he adjusted the pad, so that its pressure was borne very well until 5 A. M.

"*20th,* 10 A. M. Blood could be *heard* passing through the tumour, but no pulsation heard. Signorini's compressor was again adjusted, and remained undisturbed until half-past four in the afternoon, when the pressure was slightly moderated.

"*21st.* Compression has been continued during the last night, though less firmly than at first, and entirely at the lower point. At midnight sol. sulph. morph. gtt. xx was again administered, and about three o'clock this morning patient fell asleep, and slept more than an hour. There is no pulsation to be felt either in the tumour or in the posterior tibial artery. The temperature of the limb is a very little lower than of that of the opposite side. Patient feels very much less pain, and pressure is borne for several hours with but little complaint.

"*22d.* Patient slept during the greater portion of the last night, and today complains of but little pain. The size of the tumour is somewhat diminished, and feels much softer than yesterday. The limb is not at all swollen, and its temperature is about the same as that of the other side.

"*25th.* Since the last date, very moderate pressure has been continued, change of position of the pad not being required oftener than once in twelve hours, and to-day the compressor is entirely removed. A thick compress of lint is applied over the artery, and firmly secured in its position by a single spica bandage. No pulsation can be detected in any part of the limb, though the surface is now of a higher temperature than that of the left side. The tumour is gradually diminishing in size.

"*28th.* All compression is to-day discontinued, the bandage removed from the leg, and the patient allowed to sit up, the limb being elevated, and resting upon a pillow. He speaks of slight numbness about the knee, but has no pain whatever in the limb.

"*Feb. 1st.* No pulsation can yet be felt in the popliteal or posterior tibial arteries, though the limb is fully as warm as the other. Patient sits in a chair during the whole day, and sleeps perfectly well at night, without the aid of an anodyne. The tumour continues to diminish, and is now not more than half as large as before treatment was commenced. It is also becoming more firm.

"*6th.* Patient being very anxious to return home, permission to do so is given. Pulsation in the posterior tibial artery has not returned."

Coup de Soleil, or Sun Stroke. By Frederick D. Lente, M.D., Resident Surgeon at the New York Hospital.

In "A Summary of the Transactions of the Coll. of Phys. of Phila.," published in the last number of the *Amer. Journ. of Med. Sciences*, are some remarks by Dr. Pepper, one of the physicians of the Pennsylvania Hospital, on the above disease. "He considered it a remarkable circumstance that this affection has received so little attention from medical writers." "In consulting the standard authorities, we find but little said in reference to it, and that little generally vague and unsatisfactory." This fact is, in our opinion, easily accounted for. The disease seldom occurs except in crowded communities, as in large cities; and in these, only among a particular class, the common labourers, who earn their daily bread by their daily work, and are consequently compelled usually to labour during the intensest heat of the day, when the thermometer, in the shade, ranges from 96° to 100°, and over, with not only the direct rays of the sun playing full upon them, but also the reflected rays from the pavements and buildings. Added to this, as the efficient and exciting cause, we have fatigue, intemperance, and often insufficient or improper food as predisposing agencies; these causes do not usually exist in the country, and in small communities, where, if labour is performed in the heat of the day, and under exposure to the sun, it is with a supply of fresh, wholesome air, with none of the other predisposing causes; the powers of the constitution will, under such circumstances, generally resist its baneful influence. The members of this class, when an accident befals them, are almost always conveyed immediately to the hospital; and therefore it is rather rare for a private physician to be called to treat a single case of coup de soleil, and of course nothing can be furnished by him on the subject in the way of practical experience. When brought to the hospital, it is generally at an hour when the attending physician is absent, and the case usually lies before his next visit, or is so far recovered as not to call for his particular notice, so that he knows but little personally of the phenomena of the disease. It is thus only seen by the resident physician, who, in the discharge of his multitudinous duties, takes no particular note of the symptoms or history of the case, but sees the patient die in a few hours, perhaps in a few minutes, after his admission, and thinks no more of it.

Private physicians are sometimes called suddenly, in the heat of the summer, to a man who has "fallen down in a fit, while at work," and regarding the case as one of apoplexy, he pulls out his lancet, bleeds him, and sends him to the hospital. This is almost universally the practice. Dr. Pepper says, of twenty hospital patients, *all* had been bled previous to admission. This fact is, of itself, a strong indication that some knowledge of the pathology of the disease is much needed in the medical community; for it is well known to those who have had much experience in this disease, that venesection, if it succeeds, is almost certain death.

In this city the disease is quite common in the months of July and August, commencing sometimes as early as the middle of June, and ending as late as the first week in September. In the summer of 1847, if I remember rightly, there were thirty-seven cases in four days. Most of them died so promptly that there was not time to convey them to the hospital, the coroner being usually the only physician who saw them. Not only were men affected, but animals, omnibus horses especially, it being quite common to see them fall, and die in the street. During the last five years, according to our records, *forty-two* cases were admitted into the hospital. Of these, *twenty-four* died, and *eighteen* survived. Fourteen occurred in the month of August, twelve in July, twelve in June, and four in September.

The prognosis in this disease, as in cholera, depends almost entirely upon the stage in which the disease is seen. If in the stage of collapse, the case is almost hopeless. So that one physician might have ten cases, and all might recover; another might have the same number, and the treatment be equally judicious, yet nine out of the ten might die.

Nearly half of the cases that have been brought to this hospital, as far as my own experience extends, have been in the stage of collapse or bordering upon it. They were usually brought in late in the afternoon, and, of course, some hours after the inception of the attack. They have then been comatose, with cold surface, except that of the head, which is often very hot, feeble, frequent, and fluttering pulse, scarcely perceptible at the wrist, dilated and inactive pupils, respiration laboured, sometimes stertorous. Sometimes they have lain perfectly motionless and paralyzed, sometimes restless, sometimes in convulsions. Often, when in this state, under the application of a powerful stimulus to the surface, as burning alcohol to the legs, a patient has sprung up in bed, stared at those around him for a moment, asked for a drink, taken it, and then fallen back again into his former condition. In a less advanced or less severe stage of the disease, the patient has presented pretty much the same symptoms, but in a less marked degree. The pulse is frequent, but not so feeble and irregular; the pupils act feebly; the surface is cool, the head perhaps burning hot; patient is perhaps in a state of partial coma, from which he can be aroused, however, by addressing him by name in a loud tone. The respiration is quick and laboured, but not stertorous; sometimes he has convulsions, quasi epileptic; sometimes he is extremely restless, requiring to be held in bed. In a still earlier or less severe stage, the patient is perhaps able to walk with assistance; complains of intense pain in the head, which is usually hot. The extremities are cool; pulse not much altered, not hard or bounding. No infection of eyes; pupils rather dilated, if altered at all.

Perhaps one or two cases by way of illustration, and briefly stated, would not be amiss here.

C. 1st. A man, name unknown, about forty years of age, was brought to the hospital about noon, July 27th, 1848, and admitted under Dr. H. D. Bulkley. He had fallen in the street a short time previous to admission. Was in a state of complete coma, with laboured and irregular respiration, quick and fluttering pulse, head hot, pupils immovably dilated.

Treatment.—Sinapisms to feet, legs, and stomach. Ice to head, and stimulants. He survived but a few hours.

Autopsy, eighteen hours after death.—*Brain* normal. *Lungs* slightly congested —crepitant. Other internal organs healthy.

C. 2d. Michael Collyer, native of Ireland, labourer, was admitted under Dr. Griscom, Aug. 11th, 1848, in a state of insensibility, having fallen down in the street. Respiration stertorous, pupils dilated, pulse quick, feeble, and irregular.

Treatment.—Turpentine enema. Sinapisms to chest and limbs—stimulants freely. Patient survived for a short time.

Autopsy, eighteen hours after death.—*Brain* slightly congested; lungs emphysematous at some points; other organs healthy.

In these cases, as has been seen, there was no marked congestion of the internal organs. In nearly all the cases that occurred in 1850, there was well-marked congestion of these organs; sometimes of the lungs, sometimes of the brain. Thus, out of *eight* cases recorded in our books, there was congestion of the lungs in *two*, and of the brain in four. In one of the remaining two, there was apoplexy, and this man was bled in the hospital, being the only case out of the forty-two in which the lancet was considered admissible; the case proved fatal.

In the remaining case, there were well-marked epileptic convulsions; this case terminated favourably. The congestion of the brain in two of the four cases was inferred from the symptoms as the cases recovered. In the others, it was revealed by a post-mortem inspection. In no case was *inflammation* of the brain or its membranes observed; and in all the cases the same course of treatment was pursued, with the above-mentioned exception. Cups were applied to the temples in the cases suffering from head symptoms, such as heat, dilated pupils, stertorous breathing, pain; but external and internal stimulation of the most active kind was indicated in all, except perhaps in those admitted in the first degree or stage of the disease. Sometimes the patient was placed in the warm bath, and, at the same time, the cold douche was applied to the head; this usually seemed to have some effect, though but temporary. In the cases which showed congestion of the brain, at the autopsy, the symptoms were still such as to require prompt stimulation, the only difference in the treatment being the local abstraction of the blood from the temples, and the application of ice to the head. I know of one case in private practice, in the year 1847, which occurred in a high liver, of apoplectic build, and showed marked symptoms of apoplexy. The attack yielded with some difficulty to large bleedings.

Insolation is almost uniformly nervous exhaustion, and is to be treated as such. We are not to bleed because the patient is a robust man, and has fallen in a fit at his work, which seems to be the only circumstance taken into consideration usually by the physician who is hurriedly summoned to such a case. The pulse is always a sure guide.

Case of Cæsarian Section. By H. M. Jeter, M. D. [We transcribe from the *Southern Med. and Surg. Journ.* (March, 1851) the following most extraordinary case:—]

On the night of the 4th of December last, Mrs. B., aged thirty years, was taken in labour with her sixth child. I was called at 3 o'clock in the morning to attend her accouchement. I found her with weak and irregular pains, and was informed that such had been their character from the commencement of labour at 9 o'clock. Soon after, however, her pains began to increase, and upon examination per vaginam, I found the os tincæ well dilated and the waters collected in large quantity. The back of the fœtus presented; I waited until the mouth of the uterus was more completely dilated, and ruptured the membranes, discharging an immense quantity of water. I proceeded immediately to turn, so far as to bring down the breech, making a breech presentation. The difficulty attending the operation of turning was so great, in consequence of the extraordinary size of the child, (it being very large,) that I regarded it hazardous to attempt to complete the operation, and left it in this situation to the natural efforts of the womb. After about two hours of very hard labour the breech so far advanced as to enable me to bring down the feet. I essayed by every possible means to assist the efforts of the uterus, by making all the traction upon the inferior extremities of the fœtus that was warrantable, being convinced that the fœtus was dead.

Finding all efforts to make any further advance in its delivery entirely fruitless, I attempted to perforate the cranium, but found it impossible, in consequence of the size of the child, to pass the perforator up to its head. I then eviscerated the fœtus, with the view of passing the instrument up within the cavity of the fœtal thorax to the base of its cranium. This also failed to make room for the operation, without proceeding at random and great consequent hazard to the mother, as I could not insert the hand to give any certain direction to the instrument, the head still being entirely above the superior strait. Embryotomy was therefore determined upon, and after dissecting away the fœtus up to its axillæ, which required about two hours, the mother all the while suffering the most severe labour, but which at this time had ceased to make any impression upon the child, and which induced me to conclude that the uterus had probably ruptured, I found her rapidly sinking, so much so, indeed, that we did not think that she could survive fifteen minutes longer. I determined at once to operate on the Cæsarian section. I gave my patient a stimulant, and, assisted by Dr. Reese, proceeded to make an incision along the linea alba, six inches in length, cutting down carefully to the peritoneum, upon dividing which, the head of the fœtus presented, showing that my apprehensions were correct in the womb's having ruptured some time previous to the operation. The head of the child was so large that the incision had to be extended to ten inches in length to admit its passage. The head measured twenty-nine inches and four lines in its longitudinal or occipito-frontal circumference, and twenty-eight inches two lines in its perpendicular circumference, being hydrocephalic. The head and remaining portion of the body being removed, the placenta was found also without the uterus within the cavity of the abdomen, and the uterus contracted to about the size of a small cocoa-nut. This being also removed, the cavity of the abdomen was left filled with coagulated blood, from the hemorrhage which took place at the time of the rupture of the womb. Having carefully removed the blood as completely as possible, the wound was closed by the interrupted suture and adhesive straps, leaving a space of about two inches at its inferior extremity, for the discharge of the fluids that might remain or collect in the cavity of the abdomen.

Stimulants were given, and other applications made, to revive the sinking energies of the patient, which had become almost extinct. Reaction soon took place, and she was cleansed and placed in as comfortable a position as the circumstances would admit. The vital energies having been sufficiently resuscitated, opiates were given freely. She was kept quiet, and rested comfortably during the night and the following day, until about 9 o'clock on the succeeding night, (the 6th,) when she was taken with violent vomiting, which continued, with intermissions of not more than half an hour, until 10 o'clock the next day, at which time I arrived, having been called off the evening before, and could not return sooner.

We succeeded in soon checking the vomiting, and she rested easy, with occasional return of the vomiting during the day and following night.

Dec. 8th. Patient complains of some soreness about the womb, and over the abdomen generally, which is considerably swollen; pulse 132, and very restless. Administered a clyster, which produced two evacuations; gave her to drink small quantities of cream of tartar and lemonade.

9th. Patient complains of great soreness and tenderness of the abdomen, which is greatly swollen; tongue dry and red, and great thirst; pulse 140, quick and hard; lochial discharges ceased. Put her upon a treatment of calomel and opium; gave injections of warm milk and water per vaginam, and applied flannel, wet with spts. turpentine, to the abdomen.

10th. Soreness and tenderness not so great; discharges from the wound in the abdomen free; lochial discharges also free; pulse 136. Gave clyster, which produced one evacuation.

11th. Soreness and swelling still subsiding; pulse 130, more soft and full; lochial discharges and those from the wound in the abdomen continue freely. Gave small quantities of Dover's powder.

12th. Had one copious alvine discharge during the night, of natural consistence—says she feels much relieved since. The discharges all continue free; pulse 130; wound healing kindly. From this time, nothing of importance occurred to require noting. She continued to improve, and by the 18th day after the operation the wound was entirely healed.

I visited her yesterday for the last time, which was the 29th day since the operation, and found her sitting up by the fire, directing the domestic affairs of her family. Mrs. B. is a woman of apparently very feeble constitution, and had been confined to her bed, for two months previous to her labour, with general anasarca of the whole system.'

On the Law governing the Distribution of the Striped and Unstriped Muscular Fibre.—Dr. H. F. Campbell, Demonstrator of Anatomy in the Med. Col. of Georgia, offers some interesting observations on this subject in the *Southern Med. and Surg. Journ.* (March, 1851), and enumerates the following case as governing the distribution of striped and unstriped muscular fibre:—

"*Wherever celerity and quickness of action* is required in a muscle, *under any circumstances*, we find the *striped fibre* entering into its composition, *without any regard whatever* to *voluntary* or *involuntary motion;* and, further, that the voluntary or involuntary character of the muscle has no influence at all on the distribution of these two kinds of fibre. In the establishment of this view, we find arguments abundant throughout the whole muscular system. All the muscles of voluntary motion, it is true, are constituted of the striped fibre; for these are liable, at any time, to be called upon for the most rapid and energetic contraction. On the other hand, the involuntary muscles are found of an unstriped fibre, with the above-mentioned exceptions; but these exceptions we think sufficiently important to invalidate materially the law which refers this distribution to voluntary and involuntary function. In offering the suggestion above made, we have in view the substitution of it as a law which can be of universal application, for one which is embarrassed by exceptions, which this readily, and, to our mind, satisfactorily reconciles."

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Prof. J. E. Cooke's Antilithic Paste.—℞. Castile soap ℥iv; spermaceti ℥viij; Ven. turpentine ʒvj; oil aniseed ʒiij; turmeric ʒij; honey, q. s. Rub the soap and spermaceti well together, then add the turmeric; after rubbing them well, add the turpentine and oil of aniseed, and sweeten with honey.

Of this paste, a piece the size of a nutmeg is given two or three times a day. The diseases in which it is most useful are those in which the mucous membrane is involved. There is a species of hoarseness which follows inflammatory action, and which often approaches aphonia, in which the paste is a valuable remedy. As a diuretic, it is highly extolled.—*West. Journ. Med. and Surg.*, Jan. 1851.

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The Difficulty of Breathing from an Overdose of Opium relieved by Inhaling the Vapour of Water.—The difficulty of breathing, commonly met with in cases of poisoning with opium, is generally ascribed to paralysis of the respiratory muscles caused by the drug; but Dr. C. W. Wright ascribes it (*Western Lancet*, Jan. 1851) to the dryness of the mucous membrane of the lungs, caused by the opium.

"It is absolutely necessary," he remarks, "that the mucous membrane of the lungs should be kept constantly moist, otherwise it is impossible for oxygen gas to be absorbed, and carbonic acid eliminated. It is observed, in some cases of poisoning with opium, that the mouth and fauces become so dry that it is almost impossible for the patient to swallow or speak, and that if the dose is sufficiently large, this dryness may extend into the respiratory organs, and thus give rise to great difficulty of breathing. In these cases the patient is not so much disposed to sleep as when this symptom is not observed.

"Having seen this effect of opium in several cases, I had determined to try the effect of the inhalation of the vapour of water in mitigating the unpleasant symptoms thus induced. This I was enabled to do in my own case, a short time since, from having taken by mistake an overdose of opium, which could not have been less than ten grains. In this instance, the first warning of the mistake I had committed was embarrassed respiration, which soon amounted to an agony, without the least symptom of narcotism. In this case much the same sensation was produced by each inspiration as is experienced by the inhalation of pure nitrogen gas, the air seeming to leave the lungs without having performed its functions, there being at the same time a sense of dryness in the fauces and larynx. In this condition I commenced breathing the vapour of hot water, which produced immediate relief. After this, having ejected the poison from the stomach by an emetic, no unpleasant effect followed.

"When it is remembered that the power which a membrane possesses of absorbing a gas is in proportion to its moisture, and that a dry one is as impenetrable to gases as horn, it is not surprising that the above symptoms should be induced by opium, which, above all other substances, has the property of diminishing the secretion of the mucous membranes. It should also be borne in mind that, by arresting the pulmonary secretion, the blood loses its attraction for the mucous membrane lining the lungs.*

"Probably the best treatment which could be adopted, where this symptom is observed, would be to allow the patient to inhale the nitrous oxide gas saturated with vapour, which would have the effect of restoring the moisture of the lungs, and presenting oxygen in a much more soluble form than that which enters into the composition of the atmosphere.

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* See Liebig's late work on the motion of the juices in the animal body.

Refracture of a Leg to Improve Defective Surgery.—Prof. Mussey, of Cincinnati, records, in the *Lancet* (Jan. 1851), a case of this occurring in a female who was thrown from a buggy and had both bones of the left leg broken in two places; one three and a half inches below the knee, the other two and a half inches above the ankle.

It was six weeks before the patient began to sit up in bed, and four months before she was able to ride out. She came to Cincinnati in July of the same year. Ever since the injury, the leg had been considerably swollen, and there had not been a day without more or less pain, sometimes severe, extending from the upper fracture to the heel, back of the foot and toes, indicating lesion or compression of the fibular nerves.

Both fractures were firmly consolidated. The lower fracture was well enough, exhibiting no deformity—at the upper one, the leg was sadly bent, exhibiting a prominent external convexity or angle, so great as to shorten the distance from the knee to the inside of the foot about an inch and a half: the plantar surface of the foot looking inward, and its outer edge looking directly downward. Of course, the limb was altogether useless in walking; any attempt to apply the foot to the ground aggravating the pain. It was impossible to place the sole of the foot down flat, or bring the heel within an inch of the ground. The limb was therefore left to swing, while Miss K. moved about upon the other leg and a pair of crutches.

In September, 1848, aided by his son, Dr. Wm. H. Mussey, Prof. M. operated in the following manner. A firm pad, an inch and a half thick, was laid upon the inside of the knee, another upon the inside of the ankle, extending five inches up the leg. A splint of hard wood, one inch thick, and three inches wide, was laid, and secured by a bandage, upon these pads. A broad padded belt was placed over the angular projection of the fracture, and gradually tightened by a mechanical power, derived from Jarvis's adjuster, till the fracture was crushed, and the leg straightened.

The patient, having been placed under the influence of chloroform, was wholly unconscious of pain during the operation, and occupied herself all the while in singing sacred songs, and holding celestial conversation; and while a bandage and splint were being applied to maintain the new position of the limb, finding herself coming to earth again, she entreated most earnestly for more chloroform, to prolong the ecstatic illusion. After the operation, the pain in the leg and foot was diminished, and in two months the fracture was consolidated.

Dec. 12. There is now no pain at the heel, and comparatively little in the leg and foot. The limb has its natural direction, is as long, and apparently as strong as the other. She can now walk with a cane, and limpingly without one.

Feb. 1849. The patient now walks very well without crutch or cane, and only now and then feels slight pain in the leg, the nervous injury having been almost repaired. Some months after the above date, the patient was walking well in the street, as if nothing had happened.

Aphonia and Obstinate Cough from Prolongation of the Uvula. Dr. T. C. Ready, of Lexington, Mo., records, in *St. Louis Med. and Surg. Journ.*, Jan. and Feb., 1851, the case of a young lady, who had been unable to speak above a whisper for over four years, during which period she suffered from incessant cough, which she said attacked her after exposure to cold. She had consulted many physicians without relief. Upon examination of the fauces, Dr. R. found the uvula enlarged to an enormous size, about one inch in length, hanging over the rima glottidis, and all the adjoining parts inflamed and engorged with blood. "I immediately came to the conclusion," he says, "that the secret of the aphonia and coughing was an enlargement and prolongation of the uvula, and determined upon excision of the same, which I did, and in ten minutes after the operation, she could speak as loud as any one in the room, and has continued to improve, from day to day, ever since, so much so that she can now sing a tune in as good style as she could before her attack. A slight coarseness of the voice, and inability to execute high notes in singing, is all the difficulty she experiences. It is a curious fact in this case, that out of some half-dozen physicians who had before attended her, not one had ever examined her mouth and throat, and thus overlooked what would most certainly have relieved her years ago."

[In the second number of this Journal (Feb. 1828), the late Dr. PHYSICK related a case of obstinate cough caused by an elongated uvula, and cured by its excision. He also described an instrument devised by him for the operation.

The celebrated Wiseman, in his *Chirurgical Treatise*, published so long ago as 1676, states that a "frequent hawking" and "vexatious catarrh" is often produced by elongation of the uvula; and he relates a case in which he effected a cure by excising a portion of that organ. See book iv., chap. vii., obs. 8.

This condition of the uvula, we are led to believe, is a frequent cause of obstinate cough, and we take this opportunity of inviting anew the attention of practitioners to it.]

Two Cases of Mumps, with Metastasis to the Brain, both terminating fatally. Dr. HARVEY LINDSLY records (*The Stethoscope and Virginia Med. Gaz.*, Jan., 1851) the following examples of this rare accident:—

"In January, 1849, a son of Gen. W., who at the time was a student of medicine and attending the lectures of the medical school in this city, was attacked with the mumps, and after a few days' illness died, as I was informed, from metastasis of the disease to the brain. I cannot give the particulars of this case, as the patient was not under my professional care. On the first day of February following, about a week after the death of this young man, I was requested to see his brother, (ætat. 20,) a student of Princeton College, who was at home on a short visit to his friends. I found him labouring under a well-developed attack of mumps of the left side, the gland considerably swollen, and with some fever, though, on the whole, suffering but slightly, and feeling, as he remarked, very comfortable. The disease seemed to be taking its usual course, and, if it had not been for the recent death in the family, would have excited little interest or observation. As it was, however, his friends felt some anxiety, and I was induced to attend the case more carefully than I should have thought necessary under ordinary circumstances. As precautionary measures, I directed pretty active purgatives, followed by diaphoretics, hot pediluvia, warm flannel to the swollen gland, &c., and watched very closely for any indications of disease of the brain. I could detect nothing of the sort, however, and until the fifth day everything seemed to promise a favourable termination. I examined my patient carefully twice a day, with reference to the condition of the testicles as well as the brain. But there was no apparent disturbance of the functions of the one, and no enlargement of the other. He was cheerful, slept naturally, and felt confident of a speedy recovery. Upon examining him, however, on the morning of the fifth day, my apprehensions were excited by finding that he was labouring under *priapism*. I dreaded this symptom the more, as the disease seemed now to be taking the same turn that proved fatal in his brother's case. He was immediately ordered to be leeched freely at the base of the brain; a blister was applied to the nape of the neck, purgatives given, and an active general antiphlogistic treatment adopted. At the same time, additional professional advice was obtained. During the whole of this day, however, the priapism was the only indication we could detect of diseased brain.

On the next morning we were informed that he had been labouring under delirium the greater part of the night—had been restless, and suffered much. These symptoms continued to increase in violence, convulsions came on, and in a few hours death closed the scene on the sixth day of the disease and the second after the appearance of the priapism.

A careful examination of the brain was made thirty hours after death, when decided marks of inflammation and congestion were found in the cerebellum, but none in the cerebrum.

Dislocation of the Radius and Ulna backwards at the Elbow.—Professor DUGAS has published (*Southern Med. and Surg. Journ.*, Jan. 1851) some interesting remarks on this accident, and relates briefly the following seven cases of it which have come under his observation:—

CASE I. Miss A. E. H., having sustained an injury of the elbow-joint by a fall from a moderate height, had been treated three weeks with discutient lotions and a nearly straight splint, when I was requested to see her. The attending physician, whom I met in consultation, not agreeing with me as to the nature of the accident, a third physician was called in, who differed from us both. The opinion of a fourth was now requested, and he fortunately concurred with me in the conviction that the bones of the forearm were dislocated backwards. The patient was immediately seated in a strong chair, with the injured arm projecting through the back of it. A little tobacco was put into her mouth to promote a relaxation of the muscles, and when nausea supervened, the dislocation was reduced by pulling the forearm strongly, and at the same time bringing it into a state of complete flexion around the vertical bar of the chair. The arm, being placed in a short sling, and occasionally moved, was, in the course of a few weeks, completely restored to its natural uses.

CASE II. This case presents nothing peculiar. It was that of a little girl from South Carolina, about seven years of age, who fell from a chair, and dislocated the elbow-joint. She was sent to me a few days after the accident; the nature of the injury was detected, and reduction immediately effected as in the above case, but without the use of tobacco.

CASE III. Mr. St. J. (about thirty years of age) was thrown from his horse with great force, a short distance from the city. It was probably two hours after the accident that I saw him. The arm was semi-flexed, and the tumefaction of the elbow-joint immense. Another physician was requested to see him with me, but differed with me as to nature of the injury. The joint was, therefore, covered with cold lotions, and gently splinted until the next day, when I succeeded in convincing my *confrère* that we had to deal with a dislocation of the joint. The reduction was effected by drawing the forearm around the bedpost until flexion was complete. The case terminated successfully.

CASE IV. Mr. W., from one of the lower districts of South Carolina, about twenty years of age, in falling from his horse sustained an injury of the elbow-joint, which was treated with lotions and splints for six weeks before he called upon me. The arm was nearly straight from the continued use of splints, and possessed very limited motion at the elbow. The tumefaction having entirely subsided, the dislocation of both bones backwards was very obvious. After making, in vain, every effort that prudence would permit to reduce the dislocation, I ventured upon the subcutaneous section of the triceps extensor cubiti, just above its attachment to the olecranon, thinking it possible that, by removing what then seemed to be the greatest obstacle to the flexion of the forearm, I might succeed in bending it, and that, even if he lost the use of this important muscle, the permanent flexion of the arm would be better than a permanent straightness. I did, then, succeed in bringing the forearm nearly to a right angle, but without reducing the dislocation. The patient was directed to move the arm daily, and to shorten the sling in which it was kept, from time to time. About five years have now elapsed since the operation, and I have not heard the result.

CASE V. This was a case somewhat similar to the last. The gentleman (about twenty-five years of age) resided in one of our upper counties, and had been treated several weeks under a misapprehension of the nature of the injury. He then came to this city, and placed himself under the charge of another physician. I was called in consultation, and we detected a dislocation of the elbow backward. My professional associate administered chloroform, and made every effort to reduce the dislocation, in vain. Under the influence of the powerful aid of Jarvis's adjuster, the attempt to flex the arm resulted in the fracture of the olecranon. This permitted considerable motion of the joint, and the patient left here much improved in that respect—but with the dislocation still existing.

Case VI. This is the case of a robust Irish labourer, whose dislocation was of some weeks standing, when I was requested to assist a professional brother in its reduction. Chloroform was administered, and the most strenuous exertions made without succeeding in the reduction.

Case VII. F. W., a boy seven years of age, fell from a platform about four feet high, and dislocated the bones of the forearm backwards at the elbow-joint. Seeing him a few hours after, the dislocation was readily reduced by traction with my right hand, whilst the other was applied to the bend of the arm so as to press back the bones.

It will be remarked that of the seven cases above reported, three remained with permanent deformity—and that this result was, in these three cases, the consequence of incorrect diagnosis. With these facts before us, the writer trusts that this communication may not appear to be altogether a work of supererogation.

An Act to promote Medical Inquiry and Instruction.—[The following act has been introduced by Mr. Tuthill, in the Assembly of the State of New York, March 13, 1851. It has been read twice, and referred to the committee on medical societies and colleges—reported from said committee, and committed to the committee of the whole.]

The People of the State of New York, represented in Senate and Assembly, do enact, as follows:—

Sec. 1. Any physician or surgeon, duly qualified according to the law of this State, or any medical student under the authority of any such physician, may have in his possession human bodies, or parts thereof, for the purposes of anatomical inquiry or instruction.

Sec. 2. Either of the following board of officers, to wit, the overseers of the poor of any town of this State, and the commissioners of health, the city inspector, or the mayor and aldermen of any city of this State, may surrender the dead bodies of such persons as are required to be buried at the public expense, to any regular physician, duly qualified according to law, to be by him used for the advancement of anatomical science; preference being always given to the medical schools, by law established in this State, for their use in the instruction of medical students.

Sec. 3. No such dead body shall in any case be so surrendered, if the deceased person, during his last sickness, requested to be buried, or if, within the twenty-four hours after his death, any person claiming to be of kindred or a friend to the deceased, and satisfying the proper board thereof, shall require to have the body buried, or if the deceased person was a stranger, or traveller, who suddenly dies there, making himself known; but the dead body shall in all such cases be buried.

Sec. 4. Every physician shall, before receiving such dead body, give to the board of officers surrendering the same to him a sufficient bond that each body, so by him received, shall be used only for the promotion of anatomical science or instruction, and that it shall be used for such purpose within this State only, and so as in no event to outrage the public feeling.

[We trust this act will receive the sanction of the legislature, and the code thus be relieved from the glaring injustice and inconsistency of requiring from physicians, under a heavy penalty, a knowledge of anatomy, and forbidding them, by equally severe penalties, from having recourse to the sole means of acquiring it.]

American Medical Association.—The fourth annual meeting will be held on the first Tuesday (6th) of May, and *not on the second Tuesday,* as announced in some of the journals.

"The Committee of Arrangements request all societies and other institutions authorized to send delegates, to forward a correct list of those selected to attend the next annual meeting to the Secretary, Dr. H. W. De Saussure, at Charleston, S. C., on or before the first day of April.

"In consequence of the resignation of Dr. Stillé, one of the Secretaries, from ill health, all communications intended for the next meeting of the Association must be addressed to the remaining Secretary, Dr. H. W. De Saussure, Charleston, S. C."